



POLICY INFORMATION			
Policy Number:	POL-PP-316 AHS – G2045 – Thyroid Disease Testing	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input checked="" type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

**Disclaimer**

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member’s eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member’s coverage document will govern.



### Description/Application

Thyroid hormones are necessary for both prenatal and postnatal development, as well as metabolic activity in adults (Brent, 2024).

Thyroid disease includes conditions which cause hypothyroidism, hyperthyroidism, goiter, thyroiditis (which can present as either hypo- or hyperthyroidism), and thyroid tumors (Rugge et al., 2015).

Thyroid function tests are used in a variety of clinical settings to assess thyroid function, monitor treatment, and screen asymptomatic populations for subclinical or otherwise undiagnosed thyroid dysfunction (Ross, 2023b).

Terms such as male and female are used when necessary to refer to sex assigned at birth.

### Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

Thyroid function testing may be reimbursable in the following situations:

- For individuals with signs and symptoms consistent with hypothyroidism (See Note 1)
  - Thyroid stimulating hormone (TSH) testing to confirm or rule out primary hypothyroidism.
  - Free T4 (fT4) testing as a follow up to abnormal TSH findings.
  - TSH and fT4 testing in cases of suspected secondary hypothyroidism.
  - For individuals being treated for primary hypothyroidism, monitoring with TSH and fT4 testing every 6 weeks upon dosage change and annually in stable individuals.
  - For individuals being treated for secondary hypothyroidism, monitoring with fT4 testing every 6 weeks upon dosage change and annually in stable individuals.
- For individuals with signs and symptoms consistent with hyperthyroidism (See Note 2)
  - TSH testing to confirm or rule out overt hyperthyroidism
  - Free T4 testing as a follow up to abnormal TSH findings
  - Total T3 (TT3) or free T3 (fT3) testing to confirm a diagnosis of hyperthyroidism
  - Free T4 testing to distinguish between overt and subclinical hyperthyroidism
  - Monitoring individuals after treatment for hyperthyroidism:
    - In patients being treated for hyperthyroidism, repeat testing of TSH and fT4 should occur every 8 weeks
    - Annual monitoring after first year even if asymptomatic for risk of relapse or late-onset hypothyroidism.
- For asymptomatic individuals who have been prescribed drugs that can interfere with thyroid function and thus who are at an increased risk for thyroid disease  
TSH testing at the following intervals:
  - Annually, or,



- When dosage or medication changes
- If symptoms consistent with thyroid dysfunction develop.
- TSH testing for individuals capable of becoming pregnant who:
  - Are undergoing evaluation for infertility
  - Have experienced two or more pregnancy losses.
- One-time TSH screening:
  - For asymptomatic individuals at high risk for thyroid disease due to Personal or family history of thyroid dysfunction
  - Personal or family history of type 1 diabetes or other autoimmune disease.
- For individuals with disease or neoplasm of the thyroid or other endocrine glands.
- For individuals with chronic or acute urticaria.
- For pediatric individuals diagnosed with short stature.
- For pediatric individuals with a clinical finding of failure-to-thrive.
- TSH testing once every 3 months, with reflex fT4 and fT3 when TSH is abnormal, for individuals undergoing immune reconstitution therapy (IRT):
  - Individuals with active relapsing remitting multiple sclerosis (MS) undergoing therapy with alemtuzumab (Lemtrada;)
  - Individuals with HIV undergoing highly active antiretroviral therapy (HAART);
  - Individuals following allogeneic bone marrow transplantation (BMT) or hematopoietic stem cell transplantation (HSCT).
- For individuals with hypothalamic-pituitary disease, monitoring of TSH and fT4:
  - Biannually for Individuals less than 18 years of age.
  - Annually for individuals 18 years of age or older.
- Annual screening of TSH and fT4 for individuals diagnosed with primary mitochondrial disease.

For individuals who are pregnant or who are postpartum and who have symptoms of thyroid dysfunction (see Note 1 and Note 2), TSH and fT4 testing (once every 4 weeks) **may be reimbursable**. (See Note 3).

For individuals who are pregnant or who are postpartum and who have been diagnosed with hyperthyroidism, total T4 (TT4), antithyroglobulin antibody (Tg-Ab), thyrotropin receptor antibodies (TRab), and anti-thyroid peroxidase antibody (TPOAb) **may be reimbursable**. (See Note 3)

For individuals with hypothyroidism or hyperthyroidism, testing for thyroid antibodies **may be reimbursable** (once every three years).

For individuals with thyroid cancer, testing for serum thyroglobulin and/or Tg-Ab levels for the detection of tumor recurrence, post-surgical evaluation, surveillance, and maintenance for differentiated thyroid carcinomas **may be reimbursable**.



For the evaluation of the cause of hyperthyroidism or hypothyroidism, testing for thyrotropin-releasing hormone (TRH) or thyroxine-binding globulin (TBG) may not be reimbursable.

For all other situations not mentioned above, testing of reverse T3, T3 uptake and total T4 is not reimbursable.

For the assessment of hypothyroidism, measurement of total T3 (TT3) and/or free T3 (fT3) **may not be reimbursable**.

To assess levothyroxine dose in hypothyroid individuals, measurement of total or free T3 level **may not be reimbursable**.

For asymptomatic nonpregnant individuals, testing for thyroid dysfunction during a general exam without abnormal findings is **may not be reimbursable**.

**Note 1:**

Signs and symptoms of hypothyroidism include:

- Fatigue
- Increased sensitivity to cold
- Constipation
- Dry skin
- Unexplained weight gain
- Puffy face
- Hoarseness
- Muscle weakness
- Elevated blood cholesterol level
- Muscle aches, tenderness, and stiffness
- Pain, stiffness or swelling in the joints
- Heavier than normal or irregular menstrual periods
- Thinning hair
- Slowed heart rate
- Depression
- Impaired memory.

**Note 2:**

Hyperthyroidism can mimic other health problems, which may make it difficult for doctors to diagnose. It can also cause a wide variety of signs and symptoms, including:

- Sudden weight loss, even when an individual's appetite and the amount and type of food eaten remain the same or even increase
- Rapid heartbeat (tachycardia) — commonly more than 100 beats a minute —irregular heartbeat (arrhythmia) or pounding of the heart (palpitations);
- Increased appetite
- Nervousness, anxiety, and irritability
- Tremor — usually a fine trembling in the hands and fingers
- Sweating
- Changes in menstrual patterns



- Increased sensitivity to heat
- Changes in bowel patterns, especially more frequent bowel movements
- An enlarged thyroid gland (goiter), which may appear as a swelling at the base of the neck
- Fatigue, muscle weakness
- Difficulty sleeping
- Skin thinning
- Fine, brittle hair

**Note 3:**

Due to significant changes in thyroid physiology during pregnancy, measurement of hormone levels should only be performed at labs that have trimester specific normal ranges for their assay(s). While fT4 is the preferred test, TT4 may be useful if the TSH and fT4 results are discordant or when trimester specific normal ranges for fT4 are unavailable.

**Coding**

Code	Description
80438	Thyrotropin releasing hormone (TRH) stimulation panel;1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)
80439	Thyrotropin releasing hormone (TRH) stimulation panel;2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)
83519	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (e.g., RIA)
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified
84432	Thyroglobulin
84436	Thyroxine; total
84439	Thyroxine; free
84442	Thyroxine binding globulin (TBG)
84443	Thyroid stimulating hormone (TSH)
84445	Thyroid stimulating immune globulins (TSI)
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84480	Triiodothyronine T3; total (TT-3)
84481	Triiodothyronine T3; free
84482	Triiodothyronine T3; reverse
86376	Microsomal antibodies (eg, thyroid or liver-kidney), each
86800	Thyroglobulin antibody

**References and Resources**

Avalon Medical Policy AHS – G2045 – Thyroid Disease Testing



**Related Documents**

<b>Policy Number</b>	<b>Policy Title</b>
AHS-G2035	Prenatal Screening (Nongenetic)
AHS-G2042	Pediatric Preventive Screening
AHS-M2108	Molecular Markers in Fine Needle Aspirates of the Thyroid

**Revision History**

<b>Version</b>	<b>Date</b>	<b>Summary of Revisions</b>
001	06/01/2025	Initial version